

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031547

STATE FILE NUMBER

Registration District No. 50 Primary Registration District No. 5180 Registrar's No. 53

DO NOT WRITE
ON THIS STUB

AMENDED

FILED AUG 30 1963

1. PLACE OF DEATH a. COUNTY Camden		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Sedgwick	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warren Township		c. CITY OR TOWN Wichita	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway 5		d. STREET ADDRESS 3413 West 9th	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Richard Fullerton Little		4. DATE OF DEATH Month August Day 26 Year 1963	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Nov. 17, 1920
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) car parker		10b. KIND OF BUSINESS OR INDUSTRY garage	9. AGE (last birthday) 42
11a. FATHER'S NAME Edward Little		11b. MOTHER'S MAIDEN NAME Freda Fullerton	12. CITIZEN OF WHAT COUNTRY USA
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		14. SOCIAL SECURITY NO. HW11	15. INFORMANT Arvada Little
16. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION		INTERVAL BETWEEN ONSET AND DEATH 90 MINUTES	
DUE TO (b) CORONARY THROMBOSIS			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown:	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____	
20c. TIME OF INJURY. Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____	
21. I attended the deceased from 8-26-63 to 8-26-63 and last saw him alive on 8-26-63 Death occurred at 4:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. H. Hedges		22b. ADDRESS Camden County Courthouse, Camden, Mo.	22c. DATE SIGNED 8-27-63
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 8/27/63	23c. NAME OF CEMETERY OR CREMATORY Conway Springs Cemetery	23d. LOCATION (City, town, or county) Conway Springs, Kansas
24. FUNERAL DIRECTOR Walter Hedges		25. DATE RECD. BY LOCAL REG. Aug. 27-1963	
		26. REGISTRAR'S SIGNATURE Zilpha J. Drowl	

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF MEDICAL CERTIFICATION DOCUMENT

MEDICAL CERTIFICATION

SEP 4 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Walter P. Hedges

Licensed Embalmer No. 4265

P. O. Address Camdenton, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.